FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION 109

OMB APPROVAL								
OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form 16.00								
	SEC USE ONLY							
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Name of Offering (check if this is	an amendment and name	has changed, and i	ndicate change.)		
Issuance of Limited Partnership Interes	ts of Structured Servicir	g Holdings, L.P.			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	Amendment				
	A. BAS	C IDENTIFICAT	ION DATA		ABIN BANI BIRN ANDN NODE ANNO MET MAR
Enter the information requested about	t the issuer				
Name of Issuer	n amendment and name h	as changed, and in	dicate change.		
Structured Servicing Holdings, L.P.					D8044852
Address of Executive Offices		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	umber (Including Area Code)
c/o Structured Portfolio Management, L CT 06902	.L.C., Clearwater House,	8 th Floor, 2187 At	lantic Street, Stamf	ord,	(203)351-2870
Address of Principal Offices		•	et, City, State, Zip Co	ode) Telephone N	umber (Including Area Code)
(if different from Executive Offices)			PROCESSI	<u>-</u> n	
Brief Description of Business: Privat	e Investment Company		APR II 3 2000		
Type of Business Organization			TOUR		
corporation			HOMSON	other (please sp	pecify)
☐ business trust	☐ limited p	partnership, to be fo	MEUNANCIAL		
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization		Month 0 2 Postal Service Abbr	Yea 9 eviation for State;	<u>7</u> ⊠ Ac	tual Estimated
	CI	N for Canada; FN fo	or other foreign jurisd	iction) D	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, fallure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC II	DENTIFICATION DATA	A								
 Each promoter of the Each beneficial own Each executive office 	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual): Stru	ctured Servicing Transac	tions Group, L.L.C.									
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 2325-B Renaissance D	Prive, Las Vegas,	NV 89119							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual): Brow	rnstein, Donald I.										
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	le): Clearwater House, 8 th	Floor, 2187 Atlan	tic Street, Stamford, CT 06902							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual): Rus	sell, Christopher		·								
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): Clearwater House, 8 th	Floor, 2187 Atlan	tic Street, Stamford, CT 06902							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, i	f individual): Naut	ical Nominees Ltd. FBO F	Intan Master Fund Ltd.									
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 100 Wall Street, 17 th Fl	loor, New York, N	Y 10005							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual): Helly	wege, Ernest										
Business or Residence Addi	•	Street, City, State, Zip Cod	le): State of Oklahoma ex	rel, Commissione	er of the Land Office							
P.O. Box 26910, Oklahoma Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):											
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le):									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner							
Full Name (Last name first, i	f individual):											
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	(e):									
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Last name first, it	findividual):											
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Has the issu	er sold, or	does the is	suer inten	d to sell. to	non-accr	edited inve	estors in th	is offerina	?		☐ Yes	⊠ No
		-,											_
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code) Rame of Associated Broker or Dealer Business or Residence Address (Number and Street, City, State, Zip Code)					\$1,000,000* May be waived							
3.	Does the offe	ering permi	t joint own	ership of a	single uni	t?	•••••					⊠ Yes	□ No
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?													
Full N	ame (Last n	ame first, i	f individual)			-						
Busir	ess or Resid	lence Addr	ess (Numb	per and Str	reet, City, S	State, Zip	Code)						
Name	of Associat	ed Broker	or Dealer										
													☐ All States
		_			•						[HI]	□ [ID]	
[ונ	[IN]	□ [IA]	☐ [KS]	[KY]	☐ [LA]	☐ [ME]	☐ [MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [M	T) [NE)	□ [NV]	□ [NH]	□ [NJ]	[MM]	[VN]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [A	ıj 🔲 (sc)	☐ [SD]	[TN]	□ [TX]	[[UT]	[VT]	□ [VA]	□ [WA]	□ [WV]	□ [WI]		□ [PR]	
Full N	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the ordiering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check 'All States' or check individual States). All States All State												
☐ [RI] ☐ [SC] ☐ [SD] ☐ [TN] ☐ [TX] ☐ [UT] ☐ [VT] ☐ [VA] ☐ [WA] ☐ [WV] ☐ [WI] ☐ [WY] ☐ [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)													
Name	of Associate	ed Broker	or Dealer							· · · · · · · · · · · · · · · · · · ·			
													☐ All States
□ [A	_] [AK]	[AZ]	☐ [AR]	CA]	☐ [CO]	□ [CT]	□ [DE]		□ (FL)	□ [GA]	(HI)	[ID]	
] [iN]	☐ [IA]	☐ [KS]	□ [KY]	[LA]	☐ (ME)	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
[M]	Π [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]		[OH]		[OR]	□ [PA]	
□ [R] 🔲 (SC)	□ [SD]	[מדן	[גזן □	[ניט] 🗖		□ [VA]	□ [WA]	[M∧]	□ (WI)		□ (PR)	
Full N	ame (Last n	ame first, if	individual)						_			
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)					·	
Name	of Associate	ed Broker o	or Dealer										
	in Which Po Check "All S					olicit Purch	nasers						☐ All States
□ (A	.} 🔲 [AK]	□ [AZ]	[AR]	☐ [CA]		[CT]	[DE]		[FL]	☐ [GA]	[HI] □	[ID]	
□ (ir	□ (IN)	[IA]	[KS]	□ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]		[MO]	
□ [M	П [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]			☐ [OR]	□ [PA]	
□ [R		☐ [SD]	[NT]	□ [TX]	[[UT]		□ [VA]	□ [WA]	[WV]	□ [WI]	[WY]	□ (PR)	
				(Use blai	nk sheet, d	r copy and	d use addit	tional copi	es of this s	heet, as n	ecessary)		

B. INFORMATION ABOUT OFFERING

,,

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. <u>\$</u>		<u>\$</u>	
	Equity	. \$		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. \$		\$	
	Partnership Interests			<u>\$</u>	556,812,591
	Other (Specify)			\$	
	Total	\$	1,000,000,000	- — s	556,812,591
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		73	<u>\$</u>	556,812,591
	Non-accredited Investors			<u>\$</u>	
	Total (for filings under Rule 504 only)	·		<u>\$</u>	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		•	s	3014
	Regulation A			- -	
	Rule 504	_		- -	
				- *	
	Total	_			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗖	\$	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		🖾	\$	175,058
	Accounting Fees		🗆	\$	
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)			\$	····
	Other Expenses (identify)			\$	
	Total		🛮	\$	175,058

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	PENSES A	ND USE OF	PROCEEDS	·
4	b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C-Question 4.a. This diffe "adjusted gross proceeds to the issuer."	rence is the		<u>\$</u>	999,824,942
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furnities estimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b	sn an nust equal	Payments Officers Directors Affiliate	s, : &	Payments to Others
	Salaries and fees		\$		\$
	Purchase of real estate		\$	□	<u>\$</u>
	Purchase, rental or leasing and installation of machinery and equipment		\$	□	\$
	Construction or leasing of plant buildings and facilities		\$		<u>\$</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another iss pursuant to a merger	uer	\$		\$
	Repayment of indebtedness		\$	□	\$
	Working capital		\$	🛛	\$999,824,942
	Other (specify):		<u>\$</u>		\$
			\$		\$
	Column Totals		\$	🛛	\$ 999,824,942
	Total payments Listed (column totals added)		⊠	\$ 999,8	24,942
Γ	D. FEDERAL SIGNAT	URE	<u> </u>		
	This issuer has duly caused this notice to be signed by the undersigned duly authorized perconstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Coby the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	mon If this	notice is filed und on written reque	der Rule 505, the st of its staff, the	e following signature e information furnished
- St	Issuer (Print or Type) ructured Servicing Holdings, L.P. Signature	1		Date: March	27, 2008
	Name of Signer (Print or Type) Christopher Russell Title of Signer (Print or Type By Structured Servicing T Associates, Managing Mer	ransactions			by Upper Shad

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
	See App	pendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furr (17 CFR 239.500) at such times as required by st	nish to any state administrator of any state in which this rate law.	notice is filed a notice on Form D						
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon written request, in	formation furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issue Exemption (ULOE) of the state in which this notic of establishing that these conditions have been sa	r is familiar with the conditions that must be satisfied to e is filed and understands that the issuer claiming the a atisfied.	be entitled to the Uniform limited Offering vailability of this exemption has the burden						
	issuer has read this notification and knows the content orized person.	s to be true and has duly caused this notice to be signe	d on its behalf by the undersigned duly						
Issue	er (Print or Type)	Signature	Date						
truct	tured Servicing Holdings, L.P.		March 27, 2008						
Nam	ne of Signer (Print or Type) /stopher Russell	Title of Signer (Print or Type) By Structured Servicing Transactions Group, LLC, General Partner, by Upper Shad Associates, Managing Member, by Christopher Russell, COO							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
1		2	3		5					
	to non-a investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes No		Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		Х	\$500,000,000	1	\$1,000,000	0	\$0		х	
AR										
CA		Х	\$500,000,000	7	\$33,225,000	0	\$0		х	
co		х	\$500,000,000	1	\$1,000,000	0	\$0		х	
СТ		х	\$500,000,000	5	\$19,100,000	0	\$0		х	
DE		х	\$500,000,000	2	\$10,702,044	0	\$0		х	
DC										
FL		Х	\$500,000,000	2	\$5,050,000	0	\$0		Х	
GA		х	\$500,000,000	2	\$16,000,000	0	\$0		х	
НІ										
ID										
ΙL	·	х	\$500,000,000	6	\$22,470,000	0	\$0		х	
IN										
IA										
KS		х	\$500,000,000	1	\$100,000	0	\$0		х	
КУ		Х	\$500,000,000	1	\$22,900,000	0	\$0		Х	
LA		х	\$500,000,000	1	\$5,000,000	0	\$0		х	
ME										
MD		х	\$500,000,000	1	\$35,000,000	0	\$0		х	
MA	·	х	\$500,000,000	2	\$2,900,000	0	\$0		х	
Wİ		х	\$500,000,000	1	\$863,000	0	\$0		х	
MN										
MS										
МО										
MT										
NE										
NV		х	\$500,000,000	3	\$46,967,265	0	\$0		х	
NH										
NJ		Х	\$500,000,000	3	\$21,620,000	0	\$0		х	
NM										

				АР	PENDIX					
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1	2	2	3			4		5		
	to non-ad		Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Arnount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		Х	\$500,000,000	16	\$140,976,285	0	\$0		х	
NC		-								
ND										
ОН										
ОК		Х	\$500,000,000	1	\$86,750,000	0	\$0		x	
OR										
PA		Х	\$500,000,000	5	\$85,750,000	0	\$0		х	
RI					_					
sc										
SD										
TN									ļ <u>.</u>	
TX		X	\$500,000,000	7	\$14,000,000	0	\$0		X	
UT								ļ	<u> </u>	
VT									<u> </u>	
VA						<u> </u>				
WA				*****						
wv									<u> </u>	
WI	-	Х	\$500,000,000	2	\$850,000	0	\$0		X	
WY									 	
Non		Х	\$500,000,000	2	\$4,340,000	0	\$0	<u> </u>	Х	

